## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

19735468

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                |                                   |                     | ımn 2)           |       | SMALL ENTITY TYPE  |                        |             | OTHER THAN OR SMALL ENTITY |                        |  |
|--|--|---|--------------------------------|-----------------------------------|---------------------|------------------|-------|--------------------|------------------------|-------------|----------------------------|------------------------|--|
| TOTAL CLAIMS   |  |   | 15                             |                                   |                     |                  |       | RATE               | FEE                    | 7           | RATE                       | FEE                    |  |
| FOR  |  |   | NUMBER FILED                   |                                   | NUME                | NUMBER EXTRA     |       | BASIC FEE          | 385.00                 | OR          | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 28 mir                         | านร 20=                           | * <                 | * 6              |       | X\$ 9=             |                        | OR          | X\$18=                     | 144                    |  |
| INDEPENDENT CLAIMS   |  |   | Z mi                           | inus 3 =                          | * 0                 |                  | I     | X43=               |                        | OR          | X86=                       |                        |  |
| MULTIPLE DEPENDENT CLAIM PI  |  |   | RESENT                         |                                   |                     | Ø                |       | +145=              |                        | 1           | +290=                      | -00                    |  |
| * If the difference in column 1 is I   |  |   | ess than zero, enter "0" in co |                                   |                     | column-2         | L     |                    |                        | OR          |                            | 1) 00                  |  |
| CLAIMS AS AMENDED - PART II  |  |   |                                |                                   |                     |                  | TOTAL |                    | OR                     | TOTAL OTHER | THAN                       |                        |  |
|  |  | (Column 1)                                | 'IAICIADED                     | Colum                             |                     | (Column 3)       |       | SMALL              | ENTITY                 | OR          | SMALL                      |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGHI<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |             | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| NDW  | Total  | *   | Minus                          | **                                |                     | =                |       | X\$ 9=             |                        | OR          | X\$18=                     |                        |  |
| ME   | Independent                                    | *   | Minus                          | ***                               |                     | [=               | Ī     | X43=               |                        | OR          | X86=                       |                        |  |
| Ĺ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                                   |                     |                  |       | +145=              |                        | OR          | +290=                      |                        |  |
|  |  |   |                                |                                   |                     |                  |       | TOTAL              |                        |             | TOTAL                      |                        |  |
| ADDIT. FEEOH ADIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDI |  |   |                                |                                   |                     |                  |       |                    |                        |             |                            |                        |  |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |                                | HIGHE<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |             | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| NON  | Total  | *   | Minus                          | **                                |                     | =                |       | X\$ 9=             |                        | OR          | X\$18=                     |                        |  |
| AME  | Independent                                    | *   | Minus                          | ***                               |                     | =                |       | X43=               |                        | OR          | X86=                       |                        |  |
| لــــا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                                   |                     |                  |       | +145=              |                        | OR          | +290=                      |                        |  |
|  |  |   |                                |                                   |                     |                  | L     | TOTAL<br>DDIT. FEE |                        |             | TOTAL<br>ADDIT. FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                                |                                   |                     |                  |       |                    |                        |             |                            |                        |  |
| AMENDMENT C  | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                              | HIGHE<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |             | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| NDW  | Total  | *   | Minus                          | **                                |                     | =                |       | X\$ 9=             |                        | OR          | X\$18=                     |                        |  |
| AME  | Independent                                    | *   | Minus                          | ***                               |                     | =                |       | X43=               |                        | OR          | X86=                       |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                                   |                     |                  |       | 1                  |                        |             |                            |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                                |                                   |                     |                  | L     | +145=              |                        | OR          | +290=<br>TOTAL             |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR   |  |   |                                |                                   |                     |                  |       |                    |                        |             |                            |                        |  |
| •  | The "Highest Num                               | ber Previously Paid                       | d For" (Total or               | Independe                         | ent) is the         | highest number   | foun  | d in the app       | ropriate box           | in col      | umn 1.                     |                        |  |